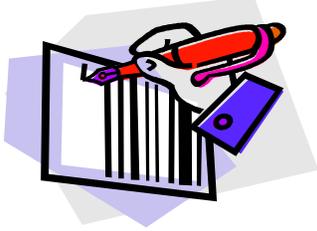


RMD Bulletin

Knowledge is power...



PREPARING FOR HIPAA 5010: Insurance Type Codes in the IS.

This is to inform providers of the new upcoming features that will be added to the Integrated System (IS) to comply with HIPAA 5010 claim formatting requirements. HIPAA now requires all providers to explain why the other insurance is primary to Medicare; therefore, a dropdown list was added on the Other Payer screen to allow providers to select why Medicare is secondary payer on the claim. Providers can access the Other Payer screen from the Claim screen by clicking the blue plus sign at the bottom of the Medicare/Other Insurance box.

Insurance Type Code is required for Medicare when Medicare and Other Insurance are payers in the claim, and Medicare is the secondary payer.

When Medicare is a secondary payer, if Insurance Type Code is NOT selected this edit message will display on the Claim screen.

Below is the complete list of Insurance Type Codes available in the IS. Providers should select the appropriate code based on the client’s coverage and which payer was billed first.

INSURANCE TYPE CODE Complete Dropdown Descriptions

Code #	Code Description
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer’s Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker’s Compensation
16	Medicare Secondary Public Health Service (PHS) or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran’s Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan
47	Medicare Secondary, Other Liability Insurance is Primary

Keep this Reference guide handy.

We’re here to help you...

If you have any questions or require further information, please contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.